

# EXHIBIT “7”

# HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1385529

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

HOS1239409

Renewal of Number

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent:

SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 07-26-2017

To: 07-26-2018

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises. Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

15 SAILORS CT, MILLER PLACE, NY 11764

## Property Coverages:

		Limits of Liability		Premiums
A—Dwelling	\$	500,000	\$	1,872
B—Other Structures	\$	50,000	\$	INCLUDED
C—Personal Property	\$	250,000	\$	INCLUDED
D—Loss of Use	\$	50,000	\$	INCLUDED

## Additional Perils Insured Against:

### Limits of Liability

				Premiums
	\$		\$	
	\$		\$	
	\$		\$	

## Liability Coverages:

		Limits of Liability		Premiums
E—Personal Liability	\$	500,000	\$	55
F—Medical Payments to Others	\$	5,000	\$	44

## Optional Coverages:

		Limits of Liability		Premiums
Loss Assessment	\$	1,000	\$	INCLUDED
	\$		\$	
	\$		\$	
	\$		\$	

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04

Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

## Policy Totals:

Sub-Total Premium: \$ 2,671.00

Billed to: AGENT

No Flat Cancellations

INSURER(S) NAMED HEREIN IS (ARE) NOT  
LICENSED BY THE STATE OF NEW YORK. NOT  
SUBJECT TO ITS SUPERVISION, AND IN THE  
EVENT OF THE INSOLVENCY OF THE INSURER(S),  
NOT PROTECTED BY THE NEW YORK STATE  
SECURITY FUNDS. THE POLICY MAY NOT BE  
SUBJECT TO ALL OF THE REGULATIONS OF THE  
INSURANCE DEPARTMENT PERTAINING TO  
POLICY FORMS.

Total Taxes and Fees: \$ 200.70  
Total Policy Premium: \$ 2,871.70

Minimum Earned Premium: \$ 668.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1239409

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7875

A STOCK COMPANY

HOS1207787

Renewal of Number

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent:

SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 07-26-2016

To: 07-26-2017

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:		Limits of Liability	Premiums
A—Dwelling	\$	500,000	\$ 2,572
B—Other Structures	\$	50,000	\$ INCLUDED
C—Personal Property	\$	250,000	\$ INCLUDED
D—Loss of Use	\$	50,000	\$ INCLUDED
Additional Perils Insured Against:		Limits of Liability	Premiums
	\$		\$
	\$		\$
	\$		\$
Liability Coverages:		Limits of Liability	Premiums
E—Personal Liability	\$	500,000	\$ 55
F—Medical Payments to Others	\$	5,000	\$ 44
	\$		\$
	\$		\$
	\$		\$
Optional Coverages:		Limits of Liability	Premiums
Loss Assessment	\$	1,000	\$ INCLUDED
	\$		\$
	\$		\$
	\$		\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04

Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals: Sub-Total Premium: \$ 2,671.00

Billed to: AGENT

No Flat Cancellations

Total Taxes and Fees: \$ 200.97

Total Policy Premium: \$ 2,871.97

Minimum Earned Premium: \$ 668.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1207787

HOS1170272

Renewal of Number

Home Office:  
One Nationwide Plaza Columbus, Ohio 43215Administrative Office:  
8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period: From: 07-26-2015 To: 07-26-2016 Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,572
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$
	\$	\$
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:  
Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04  
Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals:	THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOR SUBJECT TO ITS SUPERVISION AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE INSURANCE DEPARTMENT PERTAINING TO POLICY FORMS.	Sub-Total Premium: \$ 2,671.00
Billed to: AGENT		\$
No Flat Cancellations		
	Total Taxes and Fees: \$ 200.97	
	Total Policy Premium: \$ 2,871.97	
	Minimum Earned Premium: \$ 668.00	

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOS-D-2 (8-01)

07-28-15

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Retail Agent Copy

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1170272

HOS1127636

Renewal of Number

Home Office:  
One Nationwide Plaza Columbus, Ohio 43215Administrative Office:  
8877 North Galney Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent:

SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 07-26-2014

To: 07-26-2015

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

## Property Coverages:

- A—Dwelling  
B—Other Structures  
C—Personal Property  
D—Loss of Use

Limits of Liability
\$ 500,000
\$ 50,000
\$ 250,000
\$ 50,000

## Premiums

\$ 2,572
\$ INCLUDED
\$ INCLUDED
\$ INCLUDED

## Additional Perils Insured Against:

## Limits of Liability

\$  
\$  
\$

## Premiums

\$  
\$  
\$

## Liability Coverages:

- E—Personal Liability  
F—Medical Payments to Others

Limits of Liability
\$ 500,000
\$ 5,000

## Premiums

\$ 55
\$ 44

## Optional Coverages:

Loss Assessment

Limits of Liability
\$ 1,000

## Premiums

INCLUDED

Deductibles: Property Deductible(s): \$ 1,000

Wind/Hail: 5%

Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04

Construction: FRAME

No. of Families: 1

Occupancy: PRIMARY

Feet From Hydrant:

Miles From Fire Station:

Square Feet: 5000

Policy Totals:

THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED

BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS

SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY

OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK

STATE SECURITY FUNDS. THE POLICY MAY NOT BE

SUBJECT TO ALL OF THE REGULATIONS OF THE

DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO

POLICY FORMS

Sub-Total Premium: \$ 2,671.00

\$

Billed to: AGR

No Flat Cancellation

Total Taxes and Fees: \$ 201.50

Total Policy Premium: \$ 2,872.50

Minimum Earned Premium: \$ 668.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOS-D-2 (8-01)

07-25-14

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Mortgagee Copy

## HOMEOWNER POLICY DECLARATIONS



## SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Policy Number

HOS1127636

HOS1094418

Renewal of Number

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent:

SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 07-26-2013

To: 07-26-2014

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,572
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$
	\$	\$
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04  
Construction: FRAME No. of Families: 1 Occupancy: PRIMARY  
Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals:	THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE EMERGENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUND. THE POLICY WILL NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.	Sub-Total Premium: \$ 2,671.00
Billed to: AGENT		\$
No Flat Cancellation:		
	Total Taxes and Fees: \$ 201.50	
	Total Policy Premium: \$ 2,872.50	
	Minimum Earned Premium: \$ 668.00	

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOS-D-2 (8-01)

07-28-13

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Retail Agent Copy

## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1094418

HOS1070201

Renewal of Number

Home Office:  
One Nationwide Plaza Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive Scottsdale, Arizona 85258  
1-800-423-7675  
A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent:

SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period: From: 07-26-2012 To: 07-26-2013 Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,279
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$
	\$	\$
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04  
Construction: FRAME No. of Families: 1 Occupancy: PRIMARY  
Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals:	Sub-Total Premium:	\$ 2,378.00
Billed to: AGENT		\$
No Flat Cancellations	Total Taxes and Fees:	\$ 190.37
	Total Policy Premium:	\$ 2,568.37
	Minimum Earned Premium:	\$ 594.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOS-D-2 (8-01)

07-26-12

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Retail Agent Copy

# HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1070201

Home Office:

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

HOS0424501

Renewal of Number

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL

15 SAILORS CT

MILLER PLACE NY 11764

General Agent:

SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 07-26-2011

To: 07-26-2012

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,279
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED
Additional Perils Insured Against:	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$
Liability Coverages:	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$
	\$	\$
Optional Coverages:	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04

Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: Miles From Fire Station: Square Feet: 5000

Policy Totals:	THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION. AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE INSURANCE DEPARTMENT PERTAINING TO POLICYFORMS.	Sub-Total Premium: \$ 2,378.00
Billed to: AGENT		\$
No Flat Cancellations		
	Total Taxes and Fees: \$ 190.37	
	Total Policy Premium: \$ 2,568.37	
	Minimum Earned Premium: \$ 594.00	

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.



## HOMEOWNER POLICY DECLARATIONS



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS0424501

HOS0398663

Renewal of Number

One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258

1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL

15 SAILORS CT

MILLER PLACE NY 11764

General Agent:

SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.:

Program No.:

Policy Period:

From: 07-26-2010

To: 07-26-2011

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

15 SAILORS CT, MILLER PLACE, NY 11764

## Property Coverages:

	Limits of Liability	Premiums
A—Dwelling	\$ 500,000	\$ 2,279
B—Other Structures	\$ 50,000	\$ INCLUDED
C—Personal Property	\$ 250,000	\$ INCLUDED
D—Loss of Use	\$ 50,000	\$ INCLUDED

## Additional Perils Insured Against:

	Limits of Liability	Premiums
	\$	\$
	\$	\$
	\$	\$

## Liability Coverages:

	Limits of Liability	Premiums
E—Personal Liability	\$ 500,000	\$ 55
F—Medical Payments to Others	\$ 5,000	\$ 44
	\$	\$
	\$	\$

## Optional Coverages:

	Limits of Liability	Premiums
Loss Assessment	\$ 1,000	\$ INCLUDED
	\$	\$
	\$	\$

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hail: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information: Year of Construction: 1988 Territory: 002 Fire District or Town: Protection Class: 04

Construction: FRAME

No. of Families: 1

Occupancy: PRIMARY

Feet From Hydrant:

Miles From Fire Station:

Square Feet: 5000

## Policy Totals:

Sub-Total Premium: \$ 2,378.00

THE INSURER(S) NAMED HEREIN IS (ARE) NOT  
Billed to: AGENT LICENSED BY THE STATE OF NEW YORK, NOT  
SUBJECT TO ITS SUPERVISION, AND IN THE  
EVENT OF THE INSOLVENCY OF THE INSURER(S),  
No Flat Cancellations PROTECTED BY THE NEW YORK STATE  
SECURITY FUNDS. THE POLICY MAY NOT BE  
SUBJECT TO ALL OF THE REGULATIONS OF THE  
INSURANCE DEPARTMENT PERTAINING TO

Total Taxes and Fees: \$ 190.37

Total Policy Premium: \$ 2,568.37

Minimum Earned Premium: \$ 594.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

HOSD-2 (801)

07-27-10

ALAN  
ALAN

Insured Copy

## HOMEOWNER POLICY DECLARATIONS

NEW ISSUE



SCOTTSDALE INSURANCE COMPANY\*

Policy Number

HOS0398883

NEW

Renewal of Number

Home Office:  
One Nationwide Plaza Columbus, Ohio 43215Administrative Office:  
8877 North Gainey Center Drive Scottsdale, Arizona 85258  
1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

ARIF S IZMIRLIGIL  
15 SAILORS CT  
MILLER PLACE NY 11764

General Agent: SOVEREIGN INSURANCE SERVICES, INC

Insured's Producer:

Agent No.: 31002

Program No.:

Policy Period: From: 07-26-2009 To: 07-26-2010 Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:  
15 SAILORS CT, MILLER PLACE, NY 11764

Property Coverages:		Limits of Liability		Premiums
A—Dwelling	\$	500,000	\$	2,279
B—Other Structures	\$	50,000	\$	INCLUDED
C—Personal Property	\$	250,000	\$	INCLUDED
D—Loss of Use	\$	50,000	\$	INCLUDED
Additional Perils Insured Against:		Limits of Liability		Premiums
	\$		\$	
	\$		\$	
	\$		\$	
Liability Coverages:		Limits of Liability		Premiums
E—Personal Liability	\$	500,000	\$	55
F—Medical Payments to Others	\$	5,000	\$	44
	\$		\$	
	\$		\$	
	\$		\$	
Optional Coverages:		Limits of Liability		Premiums
Loss Assessment	\$	1,000	\$	INCLUDED
	\$		\$	
	\$		\$	
	\$		\$	

Deductibles: Property Deductible(s): \$ 1,000 Wind/Hall: 5% Earthquake:

Personal Liability Deductible:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

NONE

Rating Information:	Year of Construction: 1988	Territory: 002	Fire District or Town:
Protection Class: 04	Construction: FRAME	No. of Families: 1	Occupancy: PRIMARY
Feet From Hydrant:	Miles From Fire Station:	Square Feet: 5000	

Policy Totals:

Sub-Total Premium: \$ 2,378.00

Billed to: AGENT

No Flat Cancellations

Total Taxes and Fees: \$ 265.37

Total Policy Premium: \$ 2,643.37

Minimum Earned Premium: \$ 594.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.